

Wellness Assessment Exception Request Form



Complete and return this form to Benefits and Retirement Operations, Attn: Manager, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333.

Employee _____ Birth date _____

Mailing address _____ Apt _____

City _____ State _____ ZIP _____

Daytime phone _____ Evening phone _____

Wellness assessment access code _____

Date exception requested _____

For whom exception requested and relationship to employee (yourself/spouse/domestic partner)

Reason for exception _____

Please attach additional information, if necessary.

Employee Signature _____ Date _____

For Office Use Only

Exception approved by (print name) _____

Signature _____ Date _____

Exception entered into PeopleSoft by (print name) _____

Signature _____ Date _____

	Date received	Received by	Exception Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date effective
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